



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Bourne Bridge House
Address:	Bourne Bridge House Meshaw South Molton Devon EX36 4NL

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Joanne Walsh	0 2 0 7 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Bourne Bridge House
Address:	Bourne Bridge House Meshaw South Molton Devon EX36 4NL
Telephone number:	01884860909
Fax number:	01884860909
Email address:	
Provider web address:	

Name of registered provider(s):	Meadowbank Care Limited
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65

learning disability	8	0
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Additional conditions:

The maximum number of service users who can be accommodated is 8.

The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following category: Learning disability (Code LD)

Date of last inspection								
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Brief description of the care home

Bourne Bridge House is a registered care home for adults with a learning disability and complex needs.

The service offers accommodation in four self contained houses that surround a square of attractive gardens.

All bedrooms are en suite and each house has a kitchen, dining and lounge area. All areas are decorated and furnished nicely and people who live at Bourne Bridge House are encouraged to personalise their own rooms.

The site is in a rural part of north Devon, the nearest local facilities are approximately four miles away, where there is a shop, post office and pub. Transport and seven days day care are included as part of the residential package, in order to facilitate access into the local community, college and amenities.

Brief description of the care home

The current range of fees can be obtained from the home direct. Fees are based on assessment of need and include high staffing ratios. The fees do not include personal toiletries.

The manager has stated that copies of this inspection report will be available throughout the home for people to read.

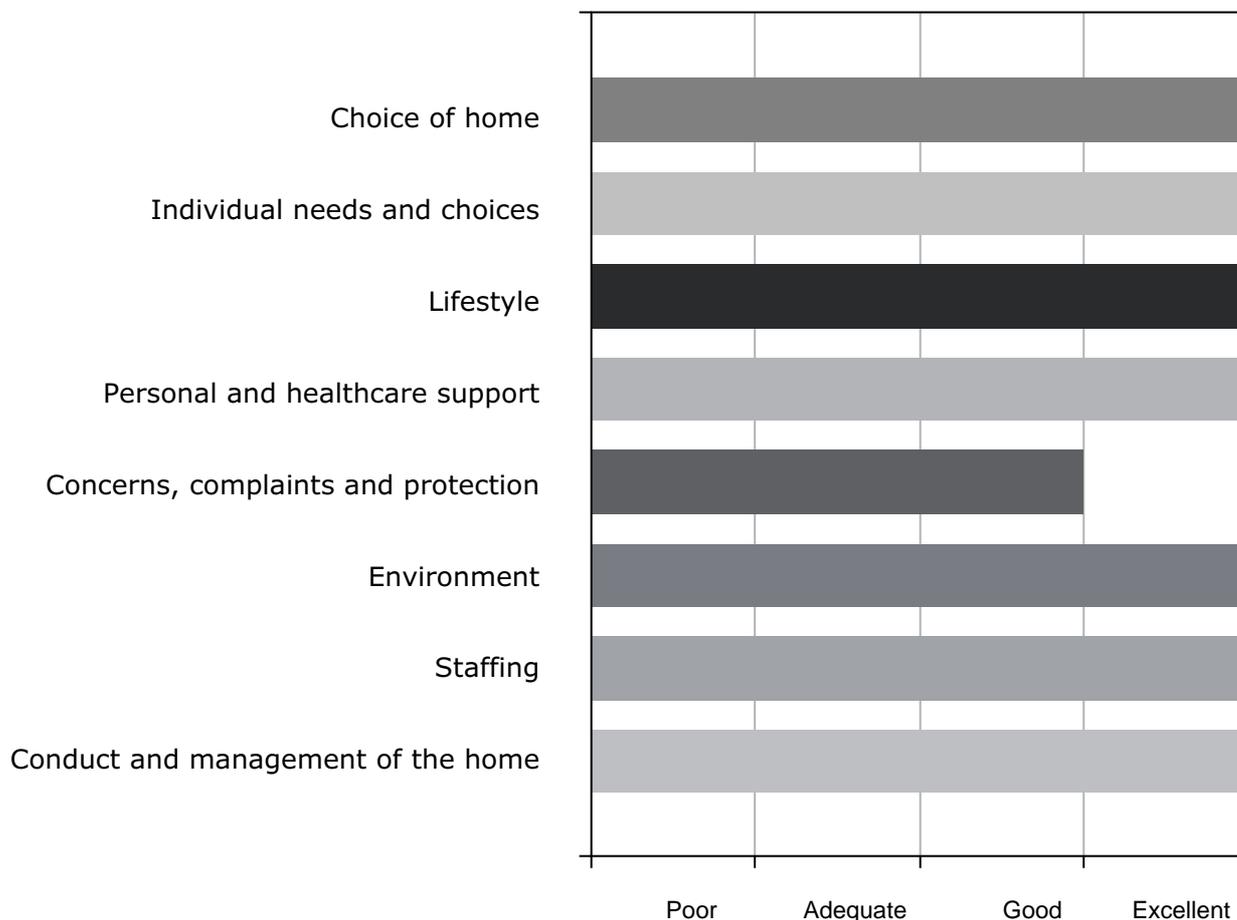
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This inspection took place during a week day in July 2009 and lasted approximately six hours. The focus of the inspection was to gain the views of the people who live at the home and individuals and staff were spoken to during the inspection and care practice observed throughout the day.

We spent time looking at some of the key documents including plans of care, assessments, staff recruitment files, records relating to medications and individuals finances. This helps us to understand how well the home is run.

The home had been notified that a review of the home was due and had been asked to complete and return an AQAA (Annual Quality Assurance Assessment). This shows us

how the home has managed the quality of the service provided over the previous year. It also confirms the dates of maintenance of equipment and what policies and procedures are in place. Information from this document was used to write this report.

During the inspection 4 people were case tracked. This involves looking at peoples' individual plans of care, and speaking with the person, where possible, and staff who care for them. This enables the Commission to better understand the experience of everyone living at the home.

As part of the inspection process we try ask as many people as possible for their opinion on how the home is run. We spoke via the phone to three family members, one advocate and one care manager. Their comments and views have been included in this report and helped us to make a judgment about the service provided.

What the care home does well:

Bourne Bridge House provides people with a well maintained homely environment, that for some has been specially adapted to meet complex physical needs. The home comprises of four separate cottages surrounding a pleasant level grassed area. All bedrooms are en suite and people are encouraged to decorate and personalize their own rooms. One family member commented " We are so pleased to have found such a lovely environment and home."

People are only admitted once a detailed assessment has been completed and transition period planned in a way that suits the individual. Care and support is also well planned with risk assessments and positive handling plans that allow staff to ensure individuals are given choices and are able to take acceptable risks.

The service offers a good range of activities that suit individuals needs and wishes and where possible promotes the use of community facilities.

Staff are only recruited once robust checking has taken place. Staff all undergo a comprehensive induction programme and ongoing training to help them do their job and work with people with complex needs.

The home works hard to ensure the views of people who live there are listened to and used to help improve the quality of the service provided. They are proactive in ensuring that individuals have advocacy support where needed and that individuals are actively involved in decision making about their own lives and about how the home is run.

What has improved since the last inspection?

We did not make any requirements or recommendations following the last inspection. Our observations lead us to conclude that the staff team have developed into a group that have good skills and understanding of the complex needs of the people they support. This has been achieved by an excellent training programme and support via de-briefing and regular one to one meetings.

What they could do better:

We checked the medication system and believe it to be safe and robust, but would recommend that the controlled drugs are kept in a double locked controlled drugs cabinet that is bolted to the wall. The registered manager said she would look into this as a priority.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The Home ensures that a detailed pre admission process is in place so that all assessed needs are planned for prior to moving in.

Evidence:

The pre admission assessment information was looked at for the two newest people who have moved to the service. The registered manager always ensures they have a care management assessment and any health care assessments and then completes her own detailed assessment that includes several visits to the persons home or placement. She works along side the staff who support the person over a period of time and during different times, in order to gain a good understanding of the persons needs and preferred daily routines. This helps to make a decision about whether Bourne Bridge House would be the right environment and what staff support will be needed.

The registered manager said that they plan any transitions to the home is a way that suits the individual. For some this may be a gradual transition, visiting over several

Evidence:

months before coming to live at the home, and others may move in straight away.

One parent spoken to said they had been very impressed with the transition Bourne Bridge House had planned for their relative and that the family had been fully involved in the assessment process. In the AQAA it states 'The most recent person to move into Bourne Bridge House has very complex needs, and finds change a very difficult experience. The staff team worked alongside their previous placement, they visited our home on many occasions and had meals here. The transition went exceptionally well and the person settled into their new home with a lot more ease than his carers/family/friends had anticipated.'

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individuals' needs and choices are well planned for.

Evidence:

We looked at four plans of care and they give very clear and detailed information about what the individuals needs are and how staff should support them to meet these needs. They give good information to enable carers to understand what triggers behaviour that challenges and importantly clear risk assessments are in place in respect of any challenges or risks to the individual. Plans clearly describe any procedures in place in respect of aggressive behaviour or self harm.

The registered manager has discussed any potential deprivations of liberty that may come under the Mental Capacity Act, with local specialists, and is clear to involve all parties in any restrictions on choice and freedom. One parent spoken to confirmed that they were regularly consulted about why choices may be limited at times.

Evidence:

Plans are reviewed monthly and where possible shared and agreed with the individual and or their carers. Key workers are in place for individuals and they are about to work on a plan that looks at the individuals life history and is more user friendly.

Staff work hard to support individuals to assist them to make decisions in their everyday life. Staff spoken to were able to give examples of how they assist individuals to make choices about what they wear, how they spend their time, and where they want to go.

One person we talked to said that they were not in control of heir own finances. This was discussed with the manager, who explained that the individual had access to their own money, but that their bank card was kept secure as they were very vulnerable and have in the past told people their pin number to their bank card. This is agreed as part of their plan of care and included in their risk assessments.

The home are proactive in ensuring that individuals have advocates in place. One person came with a long standing advocate, who have told us that Bourne Bridge House, keep them informed of how things are going. For one person the service have purchased an advocate from the previous placement that the individual was at. This is to ensure that someone independent from the service and placing authority is able to help have a say about how care and support should be delivered.

The home have good processes in place for responding to individuals who go missing, and those likely to do this, always go out with staff who carry a photo of them, together with a description and what they are wearing on that day, so that if they do go missing, this information can be passed quickly to the police.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individuals' social, cultural and diverse needs are well met

Evidence:

Individuals spoken to told us the sorts of activities and outings they regularly participate in. These include, trips to the local pub, shopping, tennis, swimming, visiting places of interest and going for drives. One person also goes to a local farm to experience work life and enjoy being out and about.

Activities are clearly planned as part of the individuals plan of care and regularly reviewed so that new and different activities can be looked at. One person has recently stopped carriage riding as it was felt that they had been going for some time and getting bored with this activity. The home's AQAA states 'Each person's activity plan reflect their own personal choices and aspirations. They have weekly input to

Evidence:

implement these, and do so with their key workers. Everyone is encouraged to complete household chores on a daily basis and this is incorporated into their daily routine to promote consistency and structure. Each person receiving benefits are supported to maintain this by their staff team. People living at Bourne Bridge House are able to go on holiday with all the financial requirements met by the Company. As previously stated, service user's contribute to their weekly menu plan, and dependent on stability of each person, help to prepare meals. If a person requires their food to be cut up this is documented in their Care Plan. Each person has a likes / dislikes form for food. Every one has their own key to their bedroom, and staff always knock before entering. Where a restriction of independence or choice is made, this is clearly documented and agreed with the individual'

One person told us that they enjoyed being involved in meal preparation and had given given certificate of achievement for peeling vegetables which they were very proud of. Another person told us that they helped staff to make meals that reflected their cultural background and other people enjoyed sharing these meals.

One advocate spoken to said that although the home was in an isolated position, there did appear to be good opportunities for people to get out and about, although not independently as had happened previously in the persons last placement. One parent said that they felt that there was a good range of activities offered, although had discussed the fact that there appeared to be less staff available during the weekends. This has been raised with the manager.

One person showed us the menu plans and these appeared varied and were complied with individuals likes, dislikes and cultural requirements in mind. People we spoke to said that they enjoyed the meals, and that they were involved in making them and in choosing something different when they wished. One person said that they had really enjoyed having BBQ's during the recent hot weather.

During this inspection two people were busy with staff baking cakes and biscuits in preparation for a summer fete/open day the home were holding for the following weekend.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individuals' personal and health care needs are well met.

Evidence:

We looked at four plans of care and discussed individuals' personal and health care needs with some staff. Plans give very clear information about what personal and health care needs are identified for individuals and how these needs should be met. Staff keep detailed daily records of what support has been given and how they have assessed the individuals emotional well being. Visits to any health care appointments are clearly documented.

The home have recently had more input from the local specialist health care teams, and the physiotherapist has provided photo information about positioning for one person who has complex physical health care needs. The homes AQAA states 'Each person has a care plan and / or risk care plan for Personal Care that promotes consistency for the individual. Support is offered and provided in a manner that reflects their needs, and their dignity is promoted at all times. Encouragement is offered to support each person to be individual. Support from relevant multi

Evidence:

disciplinary team members is accessed when required, and links have already been established with the local physiotherapist, Occupational Therapist, dietitian. Every person accesses the local GP surgery, dental practice, opticians, chiropody, hairdresser of their choice. Medication is administered by appropriately trained staff in line with company policies for the receipt, recording, storage, handling, administration & disposal of medicines. This is due to current service users not being able to self administer. We employ our own Consultant Psychiatrist who reviews medication on a regular basis.'

The medication storage and records were looked at as part of this inspection. Controlled drugs are always double signed, but should be kept in a controlled drugs cabinet. Currently they are in a locked tin that is not bolted to the wall, but is kept in a locked and bolted cabinet. Records in relation to administration of medications appears to be kept up to date and accurate. No one in the service is currently able to self medicate.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individuals' views are listened to and acted upon.

Evidence:

We asked the home how they meet these outcomes and their response in their AQAA was 'Our Complaints Procedure is clearly displayed on entering the building and each person has a copy of this. A copy is available upon request from any person who chooses to have a copy. Through regular service user meetings / progress meetings, we are able to listen to and act on any concerns, complaints and compliments that an individual may have, this includes preferences. All staff have received appropriate training on Safeguarding Adults and Prevention from Abuse and adhere to company policies relating to this at all times. If there are any concerns of abuse then appropriate procedures are put in place. Our service users can and do present both physical and verbal aggression on a daily basis, and this is documented in their care plans / behavioural care plans and strategies to be followed such as diffusion, diversion and if required, the physical intervention method that can be used that is proportionate, reasonable. Robust procedures are in place for each person's personal finances. They each have a safe in their room that contains their bank cards, passports, birth certificate etc. All personal monies are checked and recorded on each handover by either the person and a staff member or two staff members. Each person has their own money tin and key in their room. '

Evidence:

We have received one complaint about the home since the last inspection, which we passed to the provider to investigate. We are satisfied that this was fully investigated.

There is has been one safeguarding issue, that was dealt with promptly and appropriately by the registered manager, to ensure individuals were not placed in any risk. We spoke with one family member concerning this issue and they were happy with the way the home dealt with the situation.

We spoke with two staff members who said that they had received training in the protection of vulnerable people and knew what to do if they suspected abuse of any kind.

The registered manager is aware of what is needed if staff are deemed unsuitable to work with vulnerable people.

Physical intervention is only used as a last resort if someone is in danger of hurting themselves or other, and all staff have training in positive handling and interventions as part of their induction programme.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Bourne Bridge House provides people with a well maintained homely environment.

Evidence:

During this inspection we looked at all communal areas and some of the individual bedrooms. The home is well maintained and decorated and furnished to a high standard. Individuals are able to choose how they would like their own bedrooms decorated and staff support them to personalize their own space with things they enjoy and reflect their personality.

The AQAA states 'The home has both daily and weekly cleaning checklists that are completed and signed for. The home feels like home and the furnishings reflect this. CCTV is in operation but is restricted to outdoor entrances. Any damage is rectified and we employ a Maintenance Operative. Weekly Health and Safety checks are carried out, such as Water Temperatures, Fire call points / panel, personal alarms, lighting, vehicle checks, etc. All rooms meet legal requirements, and all have en-suite facilities. No one shares a room. Each room is decorated to the individual's choice and individualised furnishings. People are able to bring their own furniture / belongings when moving into Bourne Bridge House. Inventories are maintained for each person's belongings. Accommodation is provided that meets the needs of the individual eg

Evidence:

there is a wheelchair user who has a wetroom, and her property is designed to incorporate adequate space for maneuvering around her home. She is also able to access other properties to visit other people living here. Adaptations and equipment used include shower chair, mobile hoist, ceiling hoist, height adjustable bed, and staff have all received appropriate training in how to safely and effectively support this individual. Staff each have a locker and their own key, and have use of all facilities within the home. A sleeping in room is provided with an en-suite. The home complies fully with the Health and Safety Act, Infection Control etc and staff have all received training in these areas. Laundry facilities are located away from food prep and eating areas and have a sluice cycle. All water outlets are regulated at 43 degrees C.

We found that the home was kept clean and homely and that good processes and polices are in place for infection control. Staff and individuals were using gloves and aprons for cooking for example.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staff team are well trained and supported to do their job.

Evidence:

The home has high staffing ratios to enable them to provide one to one support to individuals particularly for outings and during times when individuals are likely to present with behaviour that challenges.

Staff spoken to said that the home has good training opportunities and that the induction programme for new staff was very comprehensive.

The home states in their AQAA 'Staff are chosen in accordance of abilities / personality / mixed skill / age range and operate an Equal Opportunities policy. The deputy is responsible for maintaining training records. All training is paid for by the company and completed during working hours. Staff employed within the home are deemed competent and suitably qualified / experienced to the needs of people residing here. Robust recruitment procedures are adhered to before employment commences. Each staff member has their own personnel file with records such as job application, health declaration, ID, two references, supervision notes, proof of courses / qualifications, Terms & Conditions, Job description, any disciplinary procedures. Staff are subject to a

Evidence:

six month probationary period and during this time must complete the Induction Programme which is in line with LDAF & Skills for Care. All staff receive mandatory training and refreshers regularly. Any other appropriate training that aids the staff to better support the people living here are also accessed. Staff receive 6 weekly supervisions, 2 weekly if additional support is required. At the end of each shift, all staff have a de-brief session. Individual de-briefs are also carried out if required. All of this is documented. All staff receive the GSC Council Code of Practice on their first day of employment.'

We checked the recruitment files for three newer members of staff and saw that they have references and checks in place to show they are suitable to work with vulnerable people.

Families spoken to said that staff were competent and confident in working with people with comp ex needs, one comment said " I can't praise the staff highly enough. It is a great relief for us that xx is with a staff group that understands their needs and are so caring."

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed and run in the best interests of the people who live there.

Evidence:

The registered manager is qualified and experienced to run the home. She has undergone all training that staff have undertaken and keeps up to date on good practice via the Internet and uses the CQC website to follow changes in policy and gain a better understanding of how services are regulated and inspected using the key lines of regulatory assessment.

The home have good systems in place to ensure that the quality of care and support is regularly monitored and reviewed. The home use questionnaires to help gain the views of people who use the service and their significant others. The most recent ones were seen and these related to views about the menus and food offered. They also ensure that people have opportunities to have their say via service users meetings and key worker spending time with individuals. Where individuals do not have family to advocate on their behalf, the home have actively sought advocates external to the

Evidence:

service to ensure that an independent view is sought for major issues and decisions.

The home also complete surveys for staff, the most recent one being about work related stress. Staff have a de-brief meeting at the end of every shift, regular one to one meetings with their supervisor and more support if needed over a particular incident or issue.

The registered provider completes regular monthly unannounced visits to the service as an ongoing part of their overall quality assurance. The maintenance operative ensures that regular checks are made on the environment and information about these have been supplied to us via the AQAA, so were not checked during the inspection. The AQAA also gives us information to show how the home ensures safe working practices via training and policies and procedures. We saw that all new staff have an induction programme that meets national standards.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	Controlled drugs should be stored in a controlled drugs cabinet that meets the Royal Pharmaceutical standards.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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